

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000471	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/21/2014
NAME OF PROVIDER OR SUPPLIER AUTUMN HILLS HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E COUNTY LINE RD DEMOTTE, IN 46310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS The following State Residential findings cited are in accordance with 410 IAC 16.2.	R 000		
R 349	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. This RULE is not met as evidenced by: Based on record review and interview, the facility failed to maintain clinical records that were complete and accurately documented related to monitoring a bruit and thrill for an arteriovenous (AV) fistula for 1 of 1 residents reviewed for dialysis in the sample of 7. (Resident #1) Findings include: The record for Resident #1 was reviewed on 4/16/14 at 9:45 a.m. The resident's diagnoses included, but were not limited to, end stage renal disease and dialysis. Review of the April 2014 Physician's Order Summary (POS), indicated the resident was to have her dialysis fistula checked for bruit and thrill every shift. Review of the April 2014 Treatment Administration Record (TAR), indicated there was no area to document where the bruit and thrill	R 349		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R 349	<p>Continued From page 1</p> <p>was checked every shift. Review of the Nursing progress notes from the month of October 2013 through April 2014, indicated there was no documentation where the resident's dialysis fistula was checked every shift.</p> <p>Interview with LPN #1 on 4/16/14 at 1:50 p.m., indicated there was no documentation to indicate the resident's fistula was being monitored each shift. She indicated that she does check the fistula, but she does not document it.</p> <p>Interview with the Nurse Consultant on 4/16/14 at 2:00 p.m., indicated documentation should have been completed every shift related to the bruit and thrill of the resident's dialysis fistula.</p>	R 349			